

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 002 ****50.00

DOCUMENT # L06000088308



1. Entity Name
CLEMONS OKEECHOBEE, LLC

Principal Place of Business
**4835 N.W. 30TH STREET
OKEECHOBEE, FL 34973**

Mailing Address
**4835 N.W. 30TH STREET
OKEECHOBEE, FL 34973**

60010099



2. Principal Place of Business - No P.O. Box #
4853 N.W. 30th Street

3. Mailing Address
4853 N.W. 30th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State
Okeechobee, FL

City & State
Okeechobee, FL

4. FEI Number
20-8074330

Applied For
Not Applicable

Zip
34972

Country
Okeechobee

Zip
34972

Country
Okeechobee

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMONS, OTIS P
4835 N.W. 30TH STREET
OKEECHOBEE, FL 34973**

Name

Street Address (P.O. Box Number is Not Acceptable)

4853 N.W. 30th Street

City **Okeechobee**

FL

Zip Code **34972**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
The Otis Pete Clemons 2006 Irrevocable Trust
4853 N.W. 30th Street
Okeechobee, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

The Otis Pete Clemons 2006 Irrevocable Trust

SIGNATURE:

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-12-07 863/23-4432